FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	Reset For	m	FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Orga	nization)		Rev. 07/2004)	REPORT
Ron Longmuir for State Senate		c	or Office Use O	540
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Candi Political Subdivision Candidate (8)County PAC (9)City PAC (10)Subdivision PAC (11) Local Ballot Issue	2 )State PAC ( 3 )State Party date ( 7 )School Board or Other	S	canned omputer	
CANDIDATE COMMITTEES QUEY:	Delitical Dorty (if applicable)	-		·
Candidate Name Ron Longmuir  JAN 1 3 2005	Political Party (if applicable) Republican	La	te reports are	
Office Sought	District (if Senate or House)	, ,	ssible civil an nalties.	d criminal
Senate	12	Pe	naiucs.	
1			,	<i>r</i>
Rosemary Longmuis	563-633-389		/-/	1-65 BIGNED
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATES	SIGNED
October 29	DEDORT FOR (4) EL FATIO			V540
I AM FILING A October 29	REPORT FOR (1) ELECTIO Indicate by	M /(2)NO	N-ELECTION	YEAR.
(report date)	indicate by	# 🛄		
☑CHECK IF AMENDMENT TO REPORT DATED October 29		Local Con	nmittees, enter D	ate of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.			ction is held	es, enter County in
STATEMENT	OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the confidence of the last reporting period or must be zero if this is fire	anh an band at the and	\$	4044.72	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedu	ile A) (*also see in-kind below)		65526.00	
Schedule F: Loans Received total (Attach Schedule I	F)		0	
Schedule H: Total Sales of Campaign Property (Attac	ch Schedule H)		0	
(Schedule H applies to Candidates' Comm	nittees Only)			
	SUB-TOT	AL\$	69570.72	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B) (	**also see debts and loans be	low)	65613.40	
Schedule F: Loan Repayments total (Attach Schedule	e F)	•••••	2000.00	
CASH ON HAND at the end of this reporting period (if final rep be zero) (Attach DR-3)		\$	1957.32	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched			19394.47	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	•		0	
CANDIDATE COMMITTEES ONLY:				
CONSULTANT BREAKDOWN (Schedule G Attached?)			<u> </u>	s LNO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FOR	INSTRUCTIONS	SEE	BACK O	F FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
Ron Longmuir for State Senate	

SCHEDULE	
E	IN KIND
(Rev. 06/97)	CONTRIBUTIONS
	K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/18/04	Republican Party of Iowa 621 East 9th St. Des Moines, IA 50309		postage	\$ 3,633.84	
10/20/04	Iowa Farm Bureau Federation PAC 5400 University Ave. Des Moines, IA 50266-5997		mailing	3,112.53	
10/22/04	Republican Party of Iowa 621 East 9th St. Des Moines, IA 50309		printing and radio ad	2,851.62	
10/22/04	Republican Party of Iowa 621 East 9th St. Des Moines, IA 50309		mailing	3,382.44	
10/22/04	Republican Party of Iowa 621 East 9th St. Des Moines, IA 50309		postage	6,331.87	
10/26/04	National Federation of Independent Business PAC 1201 F St. NW Suite 200 Washington, DC 20004		letters	82.17	
			٠		
			SUB-TOTAL	\$ 19,394.47	
			TOTAL (if last page of this schedule)	\$ 19,394.47	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

FCR INSTRUCTIONS, SEE BACK OF FORM



		-	DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)		] <u>(</u> F	Rev. 07/2004)	REPORT
Ron Longmuir for State Senate  IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Othe Subdivision PAC (11) Local Ballot Issue  CANDIDATE COMMITTEES ONLY:  Candidate Name  Ron Longmuir  Office Sought  State Senate  District (if Senate 12)	d or Other er Political	Con Lot Au Lat pos per	or Office Use Or omm. #	REPORT  1540  subject to
SIGNATURE OF PERSON FILING REPORT TELEPHO	ONE		DATE S	IGNED '
AM FILING A October 29 REPORT FOR (1)	ELECTION Andicate by #		N-ELECTION \	YEAR.
CHECK IF AMENDMENT TO REPORT DATED October 29	Lo	cal Com	mittees, enter D	ate of Election
Check if this is final (termination) report and attach Notice of Dissolution Form [ (You must continue to file reports until a DR-3 is filed.)			ocal Committee	s, enter County in
STATEMENT OF CASH ON I	HAND			
STATEMENT OF CASH ON I  CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the of the last reporting period or must be zero if this is first report filed.)	by the	\$	4044	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held be committee. This amount MUST be the same as the cash on hand at the of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD	oy the end			
CASH ON HAND at the beginning of the reporting period. (Total of all funds held be committee. This amount MUST be the same as the cash on hand at the of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD	oy the end			
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F)	oy the end  ind below)			
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F: Loans Received total (Attach Schedule F)	oy the end  ind below)			
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F: Loans Received total (Attach Schedule F)	oy the end ind below)		6552 0	6.00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-k Schedule F: Loans Received total (Attach Schedule F)	oy the end ind below)			6.00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F: Loans Received total (Attach Schedule F)	oy the endind below)	\$	6552 0 0 6957	6.00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F: Loans Received total (Attach Schedule F)	oy the end ind below)  SUB-TOTAL	\$	6552 0 0 6957 65613	6.00 0.72
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F: Loans Received total (Attach Schedule F)	oy the end ind below)  SUB-TOTAL	\$	6552 0 0 6957	6.00 0.72
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F: Loans Received total (Attach Schedule F)	oy the endind below)	\$	6552 0 0 6957 65613 2000	6.00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-k Schedule F: Loans Received total (Attach Schedule F)	oy the endind below)	\$ /)	6552 0 0 6957 65613 2000	6.00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F: Loans Received total (Attach Schedule F)	oy the end ind below)	·····\$ ·····\$ ·····\$ ·····\$	6552 0 0 6957 65613 2000 1957	6.00 0.72 .40 .00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)	oy the end	\$ //\$\$\$	6552 0 0 6957 65613 2000 1957	6.00 0.72 .40 .00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the of the last reporting period or must be zero if this is first report filed.)	oy the end	\$ //\$\$\$	6552 0 0 6957 65613 2000 1957	6.00 0.72 .40 .00
CASH ON HAND at the beginning of the reporting period. (Total of all funds held to committee. This amount MUST be the same as the cash on hand at the confidence of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-keep Schedule F: Loans Received total (Attach Schedule F)	oy the end	\$ //\$\$\$	6552 0 0 6957 65613 2000 1957	6.00

FOR INSTRUCTIONS.	SEE BACK OF	FORM
FUR INSTRUCTIONS.	SEE BACK OF	<b>FORM</b>

COMMITTEE NAME (Must be same	as on Statement o	of Organization)	
Ron Longmuir fo	r State	Senate	

SCHEDULE	
E	IN KIND
(Rev. 06/97)	CONTRIBUTIONS
	K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/18/04	Des Mornes, 11 30304		Pastage	\$ 3633,84	
10/20/04	Iowa Farm Bureau Federation 5400 University Ave, Des Moines, IA 50266-549;	]	Mailing	3112,53	
10/22/04	Republican Porty of Iowa 621 East 9th Des Moines, IA 50309		Printing and rudioad	2851.62	
10/26/04	National Federation of Inde 1201 F St. NW Suite 200 Washington, DC 2004	pendent Business	Letters	82,17	
			SUB-TOTAL	\$	
			TOTAL (if last	9680.16	
			page of this schedule)	9680.16	
			Jonedale)		

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_ (for Schedule E)

,		
FOR INSTRUCTIONS, SEE BACK OF FORM	Reselform.	FORM
DISCLOSURE SUMMARY PAG	<del></del>	DR-2 DISCLOSURE (Rev. 07/2004) REPORT
COMMITTEE NAME (Must be same as on Statement of Orga	•	
Ron Longmuir for State Senai	te	Comm. # 1540
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate Political Subdivision Candidate (8) County Candidate Subdivision PAC (11) Local Ballot Islandia CANDIDATE COMMITTEES ONLY	2)State PAC ( 3 )State Party lighte ( 7 )School Board or Other )School Board or Other Political	Logged In Scanned Computer Audited
Candidate Name NOV 1 8 2004	Pulitical Party (if applicable)  District (if Senate or House)	Late reports are subject to possible civil and criminal penalties.
Roseman Longmund SIGNATURE OF PERSON FILING REPORT	563-633-389, TELEPHONE	/ //-/5- <u>()</u> DATE SIGNED
IAM FILINGA October 29	_ REPORT FOR (1) ELECTION	/(2)NON-ELECTION YEAR.
(report date)	Indicate by #	
CHECK IF AMENDMENT TO REPORT DATED Defo	ber 27	ocal Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	1	ounty & Local Committees, enter County in nich Election is held
STATEMENT	T OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is find.)	cash on hand at the end	\$ <u>4044.72</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedu	ule A) (*also see in-kind below)	65526.00
Schedule F: Loans Received total (Attach Schedule	F)	<u>O</u>
Schedule H: Total Sales of Campaign Property (Atta	ch Schedule H)	<u>O</u>
(Schedule H applies to Candidates' Comm	mittees Only)	
	SUB-TOTAL	\$ <u>69570.72</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		,
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below	
Schedule B: Expenditures total (Attach Schedule B) Schedule F: Loan Repayments total (Attach Schedul	•	
Schedule F: Loan Repayments total (Attach Schedul	le F)	2000.00
Schedule F: Loan Repayments total (Attach Schedul	le F)	2000.00
Schedule F: Loan Repayments total (Attach Schedul	oort balance must	\$ <u>000.05</u>

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

**CANDIDATE COMMITTEES ONLY:** 

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	<b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
Ron Longmuir for State Senate	ET CUTCH	THE BOY IF
	1	(THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/18/04	OF CONTRIBUTOR Republican Party of Iowa 621 East th St. Des Maines, IA 50309		Postage	3633,84	
10/20/04	Des Moines, IA 50309  Town Farm Bureau Federation 5400 University Ave.  Des Moines, IA 50266-59  Not. Federation of Independen 1201 F St N W Suite 200  Washington, IA 20004	PA(	mailing	3112,53	
10/26/04	Nat. Federation of Independen 1201 F St IV W Suite 200 Washington, IA 20004	y Busines M	( leHers	82.17	
			SUB-TOTAL	\$ 6828.54	
			TOTAL (if last page of this	681054	
			schedule)	6028107	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	FORM DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	Rev. 07/2004) REPORT
	or Office Use Only comm. #
MPORTANT: Indicate by # type of committee you are reporting for: 1  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County Candidate (10) County Candida	ogged In icanned computer
Candidate Name  NOV 5 2004 Political Party (if applicable)  Ron Longmuir  Regulation  La	te reports are subject to
01.11.2 PO	ssible civil and criminal nations.
State Senate STILLE	
Roseman Zonamus 563-633-389 SIGNATURE OF PERSON FILINGREPORT TELEPHONE	1 11-2
SIGNATURE OF PERSON FILING REPORT	DATE SIGNED
AM FILING A October 29  (report date)  REPORT FOR (1) ELECTION /(2)NO  (report date)  // 28  Indicate by # //    Local Cor	nmittees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	Local Committees, enter County in ction is held
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$	4044.72
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	65526.00
Schedule F: Loans Received total (Attach Schedule F)	0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL\$	69570.72
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	65613.40
Schedule F: Loan Repayments total (Attach Schedule F)	2000.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	1957.32

**CANDIDATE COMMITTEES ONLY:** 

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 0

\*\*N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 5964.15

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

\$ 0\_

FOR INSTRUCTIONS, SEE BACK OF FORM  DISCLOSURE SUMMARY PAGE	FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 07/2004)	REPORT
Ron Longmuir for State Senate  IMPORTANT: Indicate by # type of committee you are reporting for: 1  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County (5) County Central Committee (5) County (6) County Central Committee (5) County (7) County Central Committee (5) County (8) County (9) County (9) County (1) School Board or Other Political (8) County (9) County (1) School Board or Other Political (8) County (9) County (1) School Board or Other Political (9) County (1) Candidate Name (1) CT 2 9 2004 Political Party (if applicable) (1) CT 2 9 2004 Political Party (if applicable) (1) CT 2 9 County (1) CT 2 9 CT 2 0 CT	For Office Use Office	540 subject to
Roseman Longmin 563-633-389	1 10-	28-04
SIGNATURE OF PERSON FILING REPORT TELEPHONE	DATE S	IGNED
I AM FILING A October 29 REPORT FOR (1) ELECTION / Indicate by #	(2)NON-ELECTION	YEAR.
CHECK IF AMENDMENT TO REPORT DATED	cal Committees, enter D	ate of Election
	unty & Local Committee ich Election is held	s, enter County in
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	s <u>4044</u>	72
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>65526</u>	.00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	<b>\$</b> 6957	0.32
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	) 65638	2 41 2
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below		
Schedule F: Loan Repayments total (Attach Schedule F)	<u>2000.</u>	00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	s <u>1932</u>	<u>,32</u>
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		53
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		
CANDIDATE COMMITTEES ONLY:	[ <del></del> 1	

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

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FΩI	Instructions	. See Back	of Form

### **CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

Ron Longmuin for State Senate

SCHEDULE	
Α	MONETARY
(Rev. 07/03)	RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/15/04	l             .   .   .   .   .	Fayetle Co, Rep. Central Com. 516 N. Frederick Ave. Oelwein, IA 50662-1244	nittee	\$ 450.00	
10/15/04	ID# 6089 CK# 2215	Ioua Industry PAC 904 Walnut Suite 100 Des Moines, IA 50309-8000		1000.00	
10/18/04	ID# CK# //92	Customized Newspaper Adver- 319 E 5 th st. Des Moines IA 50309	tising	286.00	
10/18/04	ID# CK# / 7/3	Barbara Jellings 12202 Bell Rd. Volga, IA 52077		15.00	
10/18/04	ID# 6211 CK# 11940	NFIB - Iown Sate Trust 1201 F St. IVW Suite 200 Washington DC 20004		250.00	
10/19/04	ID#  Wire  CK#transfer	Republican Party of Ioua 621 E 9th St. Des Moines IA 50309		36,715.00	
10/20/04	ID# (00331686 CK# 5179	Fareway Stores, Inc. PAC 2300 E Sth S1. Boone, IA 50036		300.00	
10/21/04	ID# 6056 CK# 3371	8800 NW 62nd Ave. Johnston, IA 50131-6200	Declsions	1000.00	
10/21/04	ID# 6 15 5 - CK# 4400	Taxpayers United PO Box 209 Muscatine, IA 52761-0069		5000,00	
10/25/04	ID# 6082 CK# 1082	Hid American Energy Co. PO Box 657 Des Moines, IA 50303-0657		50000	
			SUB-TOTAL	0115511 M	

TOTAL (if last page of this schedule)

Page / of 2 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For	Instru	ctions	See	Rack	of Form
	misu w	JUUIIS.	JEE		ui ruiii

# **CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Ron Longmuir for State Senate

SCHEDULE	
A	MONETARY
(Rev. 07/03)	RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

ID#   CK# Wire   Kepublican Party of Josa   19985.00   10/26/04   CK# Wire   transfer   Des Hoines IA 50309   19985.00   10/26/04   CK# Wire   transfer   CAI E 9th   Des Hoines, IA 50309   25.00   10/26/04   CK#   CK#	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
CK#  ID# CK#	10/26/04	CK# Wire transfer	Republican Party of Iowa 621 E 944 Des Moines IA 50309		1 *	
CK#  ID# CK#	10/26/64	CK# wire transfer	Republican Party of Iour 621 E 9th Des Moines IA 50309		25.00	
CK#		CK#	,			
CK#		CK#				
CK#		CK#				
CK#  ID# CK#  CK#  ID# CK#  CK#  CK#		CK#				
CK#  ID#  CK#  CK#  CK#		CK#				
CK#		CK#				
CK#		CK#				
SUB-TOTAL						

TOTAL (if last page of this schedule)

Page \_\_\_\_\_\_ of \_\_\_\_\_\_

\$20010.00

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

Ron Longmuir for State Senate

10   10   10   10   10   10   10   10	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/20/04 CK# 1071 PC Box 84  Arlington, IA 50606  10/21/04 CK# 1072 5200 S.W. 36th S.D.  Davenport, IA 52802  10/22/04 CK# 1074 Property Union 10/22/04 CK# wire 10/26/04 CK# wire 10/2	10/19/04	CK# Wire transfer	I I	TV ads	\$40395.00
10/22/04 CK# 1072 5200 S.W. 30th S).  Davenport, IA 52802  10/22/04 CK# 1074 19 S. Vine West Union, IA 52175  10/26/04 CK# wire transfer Davenport, IA 52802  10#  CK# ID#  CK# ID#  CK# ID#  10#  10#  10#  10#  10#  10#  10#  1	10/20/04	CK# /07/	PO BOX 8x	ad	35.00
10/22/04 CK# 1074   119 5. Vine   West Union, IA 52175   10#   Victory Enterprises   5200 5 W. 30+ 10 1.   10/26/04   CK# wire   Transfer   Davenpart, IA 52802   Tol/26/04   CK# wire   Transfer   Davenpart, IA 52802   Wire transfer   25:00   10#   CK#   CK#	1421/04	CK# 1072	5200 S.W. 30th S), Davenport, I.A 52802	TVads	5 000,00
Transfer Davenpart, IA 52802  ID# Victory Enterprises reimbursement Sci 10/26/04 CK# Wire 5200 S.W. 30th St. Transfer Davenport, IA 52802  ID# CK#  ID# ID#	10/22/04		119 S. Vine West Union, IA 52175		158.40
10/26/04 CK# Wire 5200 S.W. 30+457, Wire transfer 25.00  1D#  CK#  ID#  ID#	10/26/04	CK# wire transfer		TVads	26025,00
CK#	10/26/04	CK# Wire transfer	5200 S.W. 30+457,		25.00
		,			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	i	)
Page	of	1

TOTAL (if last page of this schedule)

· Ron L	Longmair for State	CHECK THIS BOX IF AMENDING FORM			
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/20/04	I Owa Farm Bureau Federation 5400 University Ave, West Des Moines, IA 50	n PAC 266-5497	mailing	\$ 3112.53	
	\$ 112,53 \$ 31/2.53				

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

of \_\_\_\_\_ of \_\_\_\_

Page

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

١	NAME(Must be same as on Statement of Organizongmuir for State Se				(Rev. 07/03) F	LOANS ECEIVED REPAID		
	chedule reports money loaned to the committee w		account.		CHECK THI AMENDING			
(Orig	NETARY LOANS RECEIVED THIS REPORTING ginal source of loan, such as a bank, must be shown in the control of the	own if a third party is	PART II - MONETARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD (Loans forgiven must be reported on Schedule E In-kind Contributions.)					
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATË PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID	
			\$	10/2 1/04	Rosemany Longmuin 2754 110th St. Anlington, IA 5060£	wife	\$ 2.00,00	
	TOTAL (PART I)	\$O		TOTAL O	TOTAL CASH REPAYMENTS (PAF From Schedule E TOTAL LOANS FORGIVE UTSTANDING LOANS END OF REPORT PEI	EN \$	000.00	
making a conf consanguinity the same as c	we requires candidate committees to disclose the tribution to the committee. Relationship must be a (blood relatives) and affinity (relatives by marriage candidate, but there is no familial relationship, entolumn when it applies.	shown to the third de ge). If surname of co	gree of ntributor is			of	1	

SCHEDULE

LOANS

Reset Form